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ORGANISED BY

(EXCERPTS)

INDIAN MEDICAL ASSOCIATION
AT NEW DELHI
ON DECEMBER 7-9, 1990

NDIAN MEDICAL ASSOCIATION IMA HOUSE, INDRAPRASTHA MARG,
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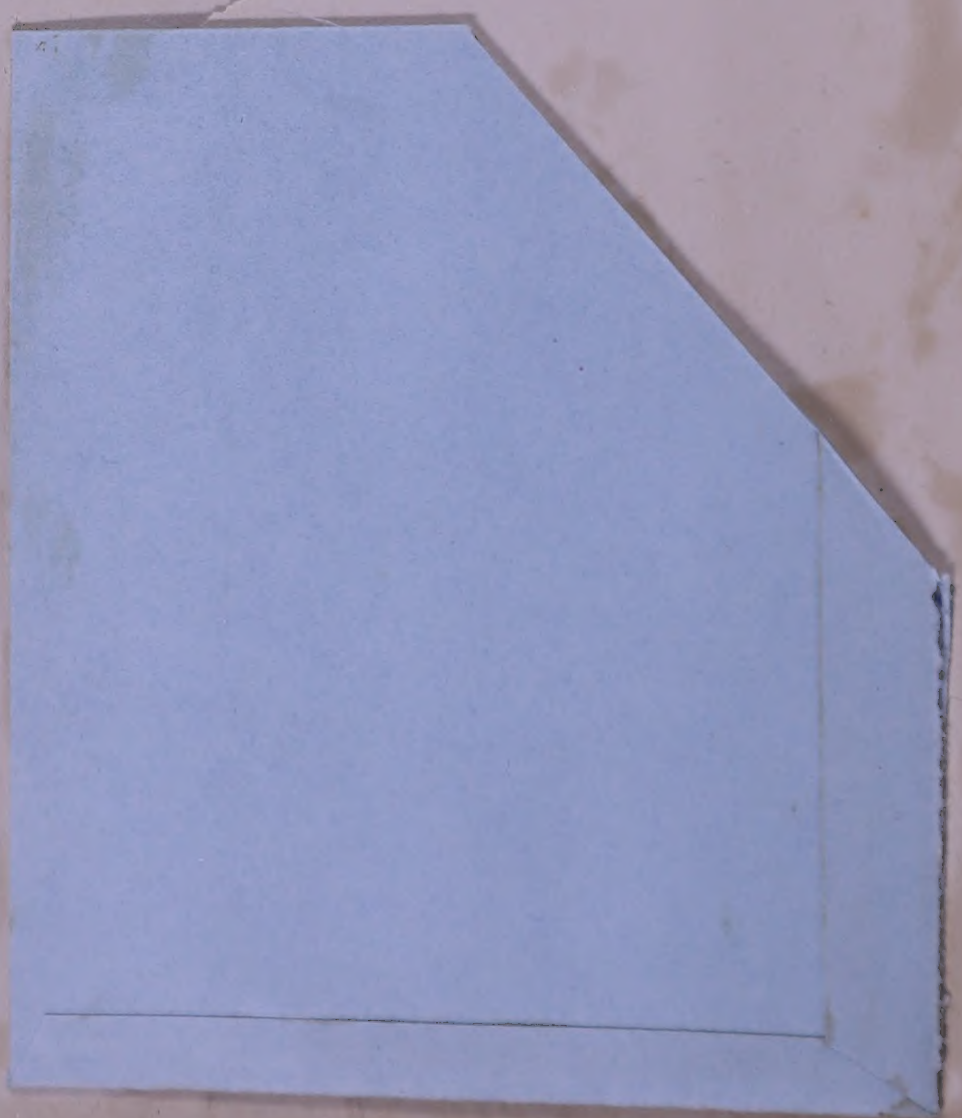

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(December 7-9, 1990)

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REPORT ON THE GROUP
ON
UNDERSTANDING PRIMARY HEALTH CARE
AND
UNDERGRADUATE CURRICULUM AND PRIMARY HEALTH CARE

Major task expected from a Primary health Care Physician would
mprise over.

(1) Clinical tasks
(2) Managerial tasks

Thus it is imperative that young Medical Graduates be fully
illed in the methods and techniques of organizing and providing primary
alth care. Their efficiency and participation in the programme would
rgely depend upon their training in Primary Health Care during under-
aduate period. Young doctors coming out of Medicl College lack
nfidence and competence in the performance of jsimple day to day
activities. At present there is eatastrophic lack of proper health
re management training for effective delivery of primary Health car e
rvices. Curricular training design is well laid out by Medical Council
India, however it is not operationalized fully. Implementation of
is curriculum leaves much to be desired.

RECOMMENDATIONS

) ORIENTATION OF FACULTY OF MEDICAL COLLEGES

The faculty of medical college should be well oriented on the
tional health goals national health policy and concept of health
r all and concept of primary health care. An enlightened faculty
n initiate need based training in their area of concern. The responsi-
lity of training and orientation should be of Dean. Medial College
o can choose the faculty members and seek help from the nationalbodies
r organising orientation activities. Initiatives and efforts on the
rt of policy makers at the State and Central Govt. seem to be lacking
not missing altogether on this vital concern, consequently the
eaching faculty is ignorant about the national goals and priorities.

) INSTITUTIONAL GOALS

Teaching institutions like medical colleges should have clear
Teaching -Training and Research goal to persue and achieve. Insti-
tional goals should provide a framework to guide the teaching and
aining programme.

URRICULUM COMMITTEE

Each medical college should have a curriculum Committee to w plan and coordinate the teching and training programmes. This ttee should lalso provide feed back to all faculty members. Putting curriculum of MCI into operation should be responsibility of this ttee.

TRENGTHENING OF MEDICAL COLLEGE FACULTY

The vacant position should be filled immediately and the minimum prescribed by M.C.I. should be achieved. Opening up of new medical ges should be discouraged.

TEACHING TRAINING AID CELL FOR TEACHING TRAINING TECHNOLOGIES OR LEARNING RESOURCE MATERIAL CELL

Modern facilities for teching and training should be organised priority basis. Audio-visual material, projections and Printed erial should become readily available to facilitate the learning ess. For this purpose Teaching-Training Aid Cell should be estab-ed in each medical college. At the moment this seems to be missing. spent onthis cell would be a real investment.

PRIORITY AREAS IN CURRICULUM

Priority should go to Maternal and Child Health, Population Demography, Nutrition as also the National Health Programmes in tion to most common problems encountered in day to day practice.

Students should beassigned the work and responsibility, right the start, in the community nearby medical college. It could be ipal ward or urban slum area. Families should be studied longitud-y and this should form a part of terminal evaluation.

EXPERIMENTATION AND RESEARCH IN MEDICAL EDUCATION

Medical Council of India encourages medical colleges to under-experiment in medical education, however it seems tobe a herculean to put into practice.

Research in Medical Edcuation has not been undertaken onnational . The whole system of Medical Education needs to be evaluated ssessed objectively, in the light of national health policy.

Innovation : Each medical college should undertake innovation

h as involving medical practitioners of repute in the training rogrammes, posting of students and interns with medical practitioners, ching methods other than lectures, teams training and integrated ching training programme etc. etc.

AINING IN MANAGERIAL TASKS

Medical Education prime focus is onthe 'Doctor' the para rofessionals and other professional's training is not considered seriously. Training of birth attendants, health guides, anganwadi rkers, multipurpose health workers, health supervisors, nurses and rious other categories is equality important.

Managerial tasks training is seldom undertaken during under-aduate period. The concept must be built during this period and ertainly should be enlarged during internship period. Financial management, effective supervision, planning, coordination, evaluation, rking with the community, communication and interview skills and health ucation are important managerial taks.

ACE OF TRAINING OF UNDERGRADUATE

Medical Education for primary health care physicians is happen-g in institutions meant for tertiary care. Super specialities and eciality and postgraduate education gets priority over undergraduate ogramme. It is therefore necessary that institutions reorient its ogramme for undergraduate education, postgraduate education and other aining programmes and lay down clear out objectives. The training d teaching of undergraduate should be happening idealy at district, b-division and primary health centre level. Reorientation of medical ucation envisaged that medical colleges take full responsibility of ree community development block area and gradually take over a district emed to be most retaionale step in the direction of teaching and raining of undergraduates. There should beappropriate balance in posure to various levels of health care facilities.

INTERNSHIP TRAINING PROGRAMME

It is the final phase of preparation of basic doctor. Intern-ip period is thus interface between learning and practice. This period training needs to bewell organised; supervised, coordinated and should persued seriously. Residency system should give weightage to the rformance during intership period. Some part of practical examination kill testing) should be conducted after internship period. The medical terns should be given the responsibility of small geographical area d community to work for and learn the total spectrum of health care, tersectoral approach and community mobilization and participation c.

REPORT OF THE GROUP
ON
MEDICAL MANPOWER REQUIREMENTS IN RELATION TO NATIONAL MEDICAL EDUCATION POLICY

Thosewho attended

tors	Dr. V. Parameshvara Dr.D.S.Mehra
ce Consultant	Dr.J.S.Bajaj
inator & teur	Dr. Jagdish C.Sobti with Dr. B.S.Sudhindra Dr.A.J.Shelat Dr.B. Ramamurthy Lt.Gen.Grover Dr.N.K.Grover

The Group discussed the question of "what is expected of a doctor". In India, over 10,000 doctors pass out everyyear from ximately 150 medical colleges. However, the doctor population ot properly dispersed and there was concentration mainly in urban .

Medical Eduation has to be re-oriented to meet social needs to be community based. The training of doctors in India is not ed to the health neds of the country. This malady has to be c cted. A basic doctor, to effectively deliver health care to the s of thecountry must be an astuteclinician,a good communicator educator, and a jsound administrator, soas to effectively lead an expanding health team for a positive health action work and as n domain of the doctor has crossed the boundaries of drugs and nsaries and presently extends to a large extgent tothe families to thejcommunicates, hence the need for the basic doctor to be a nity physician.

The undergraduate medical education aims at producing medical tes who would have the capability of providing comprehensive health to both rural and urban communities. Such care should not only urative but also include promotive, preventive and rehabilitative ts of health services in an integrated manner. In order to be to perform the asks mentioned above the medical graduates should le to demonstrate the requisite competencies so as to:-

1. Diagnose common disorders with the help of such diagnostic facilities as are likely to be available in the average community settings.

2. Perform simple laboratory tests and operative procedures, including surgical methods of fertility control.

3. Perform methods of first level management of acute emergencies promply and efficiently.

4. Work effectively in a community settings by acquiring proper attitude and skills in order to improve the quality of life of that community.

5. Conduct scientific enquiry and critical analysis.

6. Establishment communication and good working relationship with medical colleagues members of allied health professions and community.

7. Provide advice about promotion of health, prevention of diseases rehabilitation of health.

8. Plan implement and evaluate health edcuation activities.

9. Continue self education and be a life long learner.

10. Train other health professionals.

11. Organise and affectively manage health services.

The group discussed about thecountries requirement of medical personal. It was considered that the medical personal in qualified all systems of medicine is quite large and enough for the needs of the country. But they are not properly distributed over the country according to the needs of the various areas.

There is also under-employment and unemployment of doctors. The group, therefore, considers that no more medical colleges should be opened except in exceptional cases where there are no such colleges.

The Group noted that there were a number of medical colleges which are charging capitation fee on the enterance of students. This was commercialization of the medical education and should be stopped.

With regard to the 15 percent reservation in mdical colleges, for students out side the States, it was noted that this was not being implemented in certain States in the spirit of the directive of the Supreme Court. As the group recommended that if there were any

ficulties in its implementation they should be removed and its imple-
tation be given effetive. This would help the students to go other
tes and have a broader prospective of language and social culture.

Coming to the Post-graduate medical eduction, the group felt
t the number of seats in Post-Graduate courses, both in diploma and
ree,were more than necessary and this resulted in diversification
students from generl pratice to specialization. A properappraisal
the needs of specialists and super-specialities in each speciality
uld be conducted by the Government and number of seas adjusted a
ordingly.

Since most of thestudents who passed diplima courses go for
ree courses, the question of continuing the diploma courses needs
be considered. The group recommended that Edcuation Commission of
lth Sciences should be established as central organisation in the
eld of professional edcuation in health related fields. it should
constituted on the lines of the UGC. The operational framework of
e Commission should include:-

To provide relaistic projections fornational Health manpower requirements and to recommend the establishment of mechanism(s) through which such projections could be continuously reviewed in context ofevolving socio-eipdemiological needs and demographic requirements.

To initiate action for the creation of educational institutions and facilities in alreay existing educational institutions, that would facilitiate the production of projeted health manpower, and to consider the establishment of one or more Universities of Health Sciences.

To implement desired changes required to be brought about in the curriculum contents and training programmes of health personnel and allied health professionals, at various levels of functioning.

To plan and implement appropriate changes in the educational system that would facilitate the establishment of essential interlinkages between health functionaries of various grades.

To establish a continuing review mechanism for the strengthening of health-related pedagogic and communication technologies, and to recommend the development of such health-related community educational programmes that could effectively and optimally utilise these technologies.

To develop in built mechanisms of review, monitoring and mid-course corrections so as to ensure expenditious implementation of recommendations and decisions.

To coordinate inter-sectoral research by interlinking the education and training of suitable manpower with mission oriented research needs.

REPORT OF THE GROUP ON UNDERGRADUATE MEDICAL EDUCATION FOR THE NATIONAL SEMINAR ON MEDICAL EDUCATION

The following members attended the meeting:-

1. Dr. C. Prakash, Chairman
2. Dr. D.S.Aggarwal
3. Dr. Dharam Prakash
4. Dr. S.C.Chawla
5. Dr. D.Suryanarayana
6. Dr. Mrs. K.K.Mahajan
7. Dr.G.C.Mansharamani
8. Dr.K.B.Logani
9. Dr.Dinesh Chandra
10. Dr.Arun Agarwal
11. Dr.S.Krishna Prakash
12. Dr.Hemlata Gupta
13. Dr.Krishna Garg
14. Dr. Om Prakash Ghai
15. Dr.S.K.Mahajan
16. Dr.P.B.S. Sarma

Dr. C. Prakash, Chairman of the session welcomed the partici-s and introduced them to the main issues given in the neckground roposed medical Education Policy. At the very outset it was agreed y the whole group that the term used regarding Medical Education ld be Graduate Medical Edcuation and no Under-Graduate Medical ducation.

We noted the objectives laid down in the proposed National ation Policy and laid down in the Preamble of MCI recommednations raduate Medical Education. After deliberation in the depth it was ded that objectives laid down for basic doctor in proposed National ation Policy though ideal are not practical and could not be achieved n $4\frac{1}{2}$ years. The group discussed the following issues given in ocument.

"Basic doctor should be a primary contact physician capable of early detection and diagnosis and management of common illnesses encountered by him in the Primary Health Centre in in his clinic. In addition, he should be able to administer first aid emergent treatment and refer them to the referral hospital if indicated. He should undertake comprehensive treat-ment, comprehensive management of all patients with special

emphasis on family and community. The concept what a basic doctor should be as recommended by JIPMER was also discussed and it was felt that there was too much weightage given to community medicine at the cost of clinical medicine."

In view of the above objectives the following recommednations were made regarding the selection and reservation criteria, urriculua and syllabie.

Group noted that though objectives of basic doctors had been aid by various agencies, the reason for non fulfilment seems to be mproper implementation due to improper knowledge and poor infrastructure xisting in various medical colleges, hence group recommend that:-

) A Medical Education Cell may be created in Medical College to plan, implement and monitor the academic ativities.

) Every teacher should be made accountable for his academic performance. A mechanism should be developed in consultation with the teching faculties.

SELECTION: Eligibility for medical enterance examination:

1. Eligibility for students for seeking admission to medical college (MBBS Courses) either through marks or through medical enterence examination. it was decided that present system, a student having passed 10+2 examination in English, physics, Chemistry and Biology should be continued. It was considered that para professional training should be improved tilltheir eligibility is considered for admission.

2. Medical Educationist should have interaction with Science Teachers involved in planning implementing and evaluating the curriculum for various subjects in 10+2.

3. Present system of obtaining 50% or more marks for eligibility to appear in the examination was discussed. Following modification were recommended:

a) The minimum marks should be 1st class (605 or above in English, physics,Chemistry and Biology.

b) In case of reserved categories i.e. SC/ST, present system of granting 10% concession to SC/ST should be continued. In other words, eligibility criteria for them willbe 50% now.

c) Medical enterance examination has enforced nearly all over the country it was recommended the cut off points regarding marks should be 30%. Any student who obtained less then this marks should not be considered eligible for the admission to medical colleges.

Question to attitude/aptitude was hostly debated. it was ggested that during MBBS training an attempt should be made to ate attitude/aptitude of students towards medical courses.

RVATION

Group noted the present reservation policy which is enforced arious medical colleges and future reservation policy contemplated ne Govt. of India and various State Governments. The group was full agreement with earlier IMA recommednations that there should be any reservation in admission to medical colleges except in those gories which are provided in the constitution. It should be noted the resrvation should be kept minimum. As they are likely to affect standard of education.

ICULA AND SYLLABIA

Place of learning: Group noted that in all coolleges graduate post graduate courses are being run simulatenously with the result graduate medcial education received low priority. Following obser-ons were made:-

Staffing pattern for allthe Departments as at present recommended by the MCI for starting a post graduate course in a Department recognised for graduate courses should be reviewed. The group also felt that one Asstt. Professor is not enough, more staff should be recommended.

Criteria of allocation of seats for post graduate admission again needsfull review. Any Department which is running a post-graduate degree courses should not be allowed to run a diploma course and vice-versa.

Even the present ratio of teacher and post graduate degree student or 1 teacher & 2 post-graduate diploma students needs needs to be reviewed.

Following duration of course was recommended by the group. l duration $5\frac{1}{2}$ years.

1. 1st professional - 15 months
2. 2nd Professional - 15 months
3. 3rd professional - 2 years
4. Internship - 1 year

Subjects to be covered in various professional examinations.

FIRST Profession should include a) Anatomy b) Physiology and c) Bio-Chemistry

SECOND Profession should include Pathology, consisting of general pathology, clinical pathology and Pathology of common diseases occuring in the community.

a) Micro Biology including Virology, Parasitology and Immunology. It should also include public health investigations.

b) Pharmacologyinclusive of basic pharmcology, clinical pharmacology, toxicology, and poisopm cases.

c) Forensic medicine inclusive of post morterms handling of medicolegal (MLC). Awarness of law related to medicine and medical ethics.

FINAL PROFESSION

1. General medciine and allied subjects (skin ,V.D., and Chest diseases etc.)

2. Surgery and allied subjects consisting of Orthopadics, anaesthesiology, trauma etc.

3. Maternity and Child Health consisting of Paediatrics, Obstetrics and Gyneacology.

4. ENT and EYE

5. Community Medicine.

GENERAL RCOMMEDNATIONS:

Training in Sociology including demography, population dynamics social factors related to health and diseases, principals of normal sociology and social psychology. Health economics, diet nutrition be taught in the first professionals. As no staff has been recommended for training of the above subject MCI is requested to recommend suitable

staff, with their qualifications to train the students in the above cialities.

Integration and teaching is very important at all levels in ining of Pre-clinical and para-clinical subjects. Colinicians must involved to give a clinical orientation. Similarly in clinical bjects pre-clinical and para-clinical teachers must be involved in ching students in the applied aspects.

As the course has been reduced an equal weightage has to be en to each subject. Curricula and Syllabi should be modified in h a way that student received a clinically oriented training. ollowing are the few examples:

In anAnatomy disection of whole boy should be replaced by audio- ual teching, and more emhpasis should be on the transverse sections the human body and surface anatomy of various organs.

In Physiology experimental physciology on animal should be eted. On the other hand investigations done on normal human beings m the practical in Physiology. In Bio-chemistry appropriate modern hnology used in various investigation should be introduced.

MINATION:

Day to day assessment/internal assessment was considered very ential feature. It is weightage should be increased to 20%. It uld be made more scientific and students should be made aware of assessment.

Terminal examination should be held frequently both in theory/ ctical/clinical and their marks should be added to theory, practical minations held at the end of the course.

Suggested marks allocated to various subjects to:

Anatomy	: 200 marks
Physiology	: 200 "
Bio-Chemistry	: 200 "
Pathology	: 200 "
Micro-Biology	: 200 "
Forensic Medicine	: 200 "
Pharmacology	: 200 "
Medicine	: 400 "
Surgery	: 400 "

Maternity & Child Health	: 400 Marks
ENT & Eye	: 400 "
Community Medicine	: 400 "

Division of marks should be as follows:

SUBJECTS:

	Pre-clinical	Para-clinical	Clinical
Theory	50%	50%	40%
Practical	40%	40%	50%
Vio Voca	10%	10%	10%

Minimum pass marks should be 50%. In pre-clinical and Para-clinical subjects are community medicine 50% in aggregate and 50% in theory while in clinical subjects it should be 50% in aggregatge, and 50% in clinical examination. Marks obtained in oral examination should be added to theory marks.

EXAMINERS:

Present practice of 4 examiners in each subject should be continued (If students are 50 and above)

Out of the internal examiners one should be the Head of the Department and 2nd one should come from the pool of the exminers above the rank of associate professor. Appointment should be by rotation.

GENERAL MARKS:

Examiner should be requested to keep the objectives laiddown for a basic doctor in his view. While framing question and illiciting the reply.

2. As far as possible objective assessment should be carriedout.

3. Record of all examinationsshould be keptfor a sufficient period for review of any case, if required.

SHIP:

Group noted that studentsare using internship period in aration for their post-graduate examinations instead of self ing during their posting in the various departments. Hence group ended that this period can be utilised effectively if evaluation ictly and enforced during and at the end of the internship.

The enterance examination for the post-graduate courses should lified so that skills learnt by him during internship are also ted and weightage given accordingly. Recommendations regarding on of posting in variousdepartments during internship as laid by MCI should be strictly adhered to. Instead of posting them months in the rural area, it should be for 3 months in District al and 3 months in Primary Health Centres. Hence atleast one ct Hospital should be attached to a medical college.

In addition to graduate qualification laid down by the MCI, essential training programme should be compulsory to become a r. It may be obtained either before entering or just immediately entering the department, as a teacher. The institute should also e updating courses and education technology on regular basis.

REPORT OF THE GROUP
ON
CONTINUING MEDCIAL EDUCATION

MODERATOR	DR. Harish Grover
CO-MODERATOR	Dr. Alex Zacharya
RESOURCE CONSULTANT	Dr. S.K. Lal
CO-ORDINATOR & REPPORTEUR	Dr.I.P.S.Kalra
MEMBERS	Dr.B.M.S. Bedi
	Dr.R.N. Sibbal
	Dr.P.V. Gulati
	Dr. (Mrs.) B.K.Maini
	Dr. A.S.Bias
	Dr. Satya Prakash
	Dr.M.A. Bansali (U.S.A.)
	Dr. J.R.Verma (U.S.A.)

After welcome by the Moderator, the Group was informed about the meeting held on 3rd December 1990, when the issues were identified. The Resource Consultant, Dr. S.K.Lal, demonstrated what to expect from Continuing Eduation by the proforma which was circulated amongust members The point was very well appreciated that there is scope to learn, improve and has to have a motivation. After, demonstrating this he made a brief outline of the issues pertaining to the Continuing Medcial Edcuation.

The objectives are identified:-

1) To improve the delivery of Health Care by updating the knowledge skills and techniques of providers of health services.

2) To in calcuate the habit of self-study amongst the members of the profession continuing medical eduction to improve knowledge andinformation about the latest development inthe field of medical sciences.

After deliberations the Group made the following recommendations

1. NEED FOR CONTINUING MEDCIAL EDUCATION

In order to keep pace with the knowledge explosion the Group feels that every member of the profession must be kept update in the knowledge and skills and there is need knowledge and skills and there is need for Continuing Medical Edcuation. It further recommends that Continuing Medical Education be recognised as essential component of Medical Education for updating the knowledge and skills and attitudes

alth professionals at all levels. This aspect be included as a f National Medical Eduation Policy.

OBLIGATORY OR VOLUNTARY

In view of the present situation, the Group recommends that uing Medical Eduation be continued as a Voluntary effort while ld be necessary to initiate steps for making Continuing Medi ucation progressively mendatory over a period of time. The Group r recommends that teaching institution can come forward and set ple. The profession organisations can also initiate a process ing mandatge to their members.

RESPONSIBILITY ABOUT THE C.M.E.

It was unanimously accepted that medical institutions, employers ofessional organisations have to take a definite responsibility e Continuing Medical Edcuation. Medical Council of India/State ls State and the Central Government should also participate in g the responsibility. The professionals and the members of the ity will also have to come forward. The group further recommends ndian Medical Association should appoint task force to study the te role and responsibility of the each organisation.

FORMAL/INFORMAL TRAINING

While the informal training should go on, it is recommended ME should be carried out as a structured programme with continuous ion.

CERTIFICATION

It is desirable to certify the CME Course in order to achieve per standards. For these there should be a Acrediation Committee IMA and other professional organisation.

TYPE OF TRAINING

Recognising the special needs of the candidates in different ons, it is recommended that the CME should be carried out thorugh:

a) Contact Programme i.e. short and longterm courses, workshops symposia, conferences etc.

b) Distant Medical Education Programme:

i. Print Correspondence course, Journals, Books, reviews.
ii. Through Mass Media Audio and Video Tapes.

7. CONTENTS OF CME

The professional organisations should recognise the needs of the health professionals. They should be involved in overall policy planning, determination of future directions and priorities, development of the course contents and updating them. It is further recommended that professional organisation at their own level should start learning Resource Cells at their Headquarters and State Levels.

8. EVALUATION

The continuous evaluation is required for the taker, providers as well as for the systems. The evaluation could be through self-evaluation or by an independent organisations. The learning resource material should have built in the evaluation process. The Acredition Committee should continue to evaluate the providers the material, the course contents but in a manner that evaluation process does not become counter productive.

9. FINANCES

Recognising the need of finance to carry out the education programmes and also the non-availability and non-utilisation of funds it is recommended that the responsibility must be shared by the individual himself, employer, Government and Public. Government and the employer must make suitable budgetary allocations for CME Programmes.

10. ROLE OF TEACHING INSTITUTIONS

The Group identified that the teaching institutions have and can play an active role in promoting and cordinating CME activities. They are in a position to run the sturctured programme of specified durations for the candidates sponsored by the Govt. corporations public undertakings and professional associations.

11. THEROLE OF PROFESSIONAL ORGANISATIONS

IMA College of General Practitioners for CME programmes of the Family Physicians, IMA Academy of Medical Specialities and professional organisations for CME of the specialist can play an active role in the preparation and jprovision of learning resource material (reiew articles/tapes/slides/video films). The learning resource material can be examined and supplied for disemination amongst the target

s after a peer review. These organisations can also play an tive role for the training of teachers in educational technology he preparation of effective reviews of learning resource material. s further recommended that the professional organisation should generate health education material for creating public awareness.

PRIORITIES

Since family physician/general practitioners formed the backbone e health care. The Group felt that the greater inputs be made able for the CME activites of the family physicians by not ignoring nputs required for the specialist, super-specialist and research rs. It is further recommended that CME programme be not limited to the medical personnel but also be for other category of health rs.

COORDINATION

At the moment, the CME activities are being encouraged through us agencies like CSIR, ICMR, DST, UGC, Government of India through nal Academy in addition to International agencies like WHO, UNICEF, ll as by the pharmaceutical and other allied agencies. There is any coordination between the various agencies. It is recommended coordinating agency for proper allocation and utilisation of funds go on a long way. In this direction, Indian Medical Association ay an active role.

DIRECTORYOF CME ACTIVITIES

A coordination agency should undertake to prepare the directory E programme and widely circulated amongst the target group well ance.

REPORT OF THE GROUP
ON
POSTGRADUATE MEDICAL EDUCATION

The purpose of Postgraduate Medial Education is to:

1. Produce Specialists and
2. Superspecialists to provide leder-ship in the secondary and teritary stages of the people oriented, situation based health care delivery system with a thrust on preventive aspect. Such a doctor should be conversant with the relevant technolog-cal development in the relevant field of health care.

I. Toproduce appropriately motivated medical teachers, aware of their role and prepared to give their best.

II. Research workers competent to carry out researches in medicine and related fields relevant to the needs of the country. He has to be innovative in his approach.

V. It is felt that no efficient postgraduate education can be organised without appropriate undergraduate edcuation.

. Organisation of Secondary are teritary stages of medical health care cannot be ensured by medical specialists and super-specialists alone. It needs concurrent development of other health professionals like nurses, pharmacists, technologists etc. Hence it is recommended that along with the strengthening one MCI a close inter-action has to be worked out between the different statutory Councils of the different health profesional

VI. No planning of PG education can be done without having data on the requirements. Accordingly, it is suggested that immediate steps be taken to have a census of manpower of different categories concerning the health care delivery and to draw a manpower planning for further requirement based on that data to ensure an efficient and appropriate health care delivery system.

VII. The Group feels that there is no necessity of setting up Medical Education Commission as recommended in the draft Medical EDucation Policy in addition to the existing authorities.

Viii. On the issue of University of Health Sciences, the Group feels

that immediate steps be taken to review the functioning of existing Universities of Health Sciences before setting up any further medical uniersities in the country.

Diploma courses in specialities where degree courses are available should be abolished.

The age ceilling for appointment of Sr. Residents should be done away with.

The present problems of All India Enterance Examinations needs to be immediately rviewed as there is an apprehension that this methodology of bringing national integration may become counter-productive if the present siuation is allowed to continue.

It is recommended that the teachers of medical colleges should be made non-practising and the teachers should be offered appropriate salaries and fine benefits to enable them to live a life commensurate with their role in the society and to enable them to give their best.

The rural service of one year should be made mandatory prior to admission to any Postgraduate course.

Clinical teaching under both undergraduate and postgraduate to be carried out in the evenings as well.

Postgraduate teaching has to bedone at the block level also.

The teachers being key figures for any successful implementation of the teaching system, steps are essential for compulsory orientation of techers at the entry point as well as periodically.

Library and information series should be improve and library network should be extended to all States. Steps for economic publication of books should be taken and appropriate books for orientation of General Practitioners should be published.

REPORT OF THE GROUP
ON
CONTROL OF MEDCIAL EDUCATION

Medical Council of India a statutory body established by an Act of Parliament with the sole subject of maintaining the standards of medical education in the country, should be granted more powers, facilities and funds to continue to discharge its obligations more effectively.

In the purposed amended Act MCI Amendment Act 1989. It is envisaged that the Indian Medical Councils shall have a branch in each state to help it inthe discharge of its obligations at the State level. It will create confusion between existing state Medical Council and the proposed branches of MCI. It is suggested that the State Medical Council should function in close liasion with MCI discharge its duties under the supervision of MCI.

The democratic set up of the MCI should not be disturbed. The proposal of adding a sizeable number of nominated members/ Ex-officio members will considerably dilute its autonomous character.

It should not be considered only a recommending body, but it should have powers to directly get its decisions implemented.

The electrical college of the Council should be maintained by the Council office and necessary charges from time to time incorporated under intimation to the Govt. of India.

The State Medical Council established in different States under the ACt of State Legislatures should confine their activities as per the Act. The State Councils are urged to register doctor of modern system of medicine qualified from medical colleges, approved by MCI only in a seperate register.

Establishment of University of Health Sciences in the two States is a welcome development. Various disciplines in the Universities are expected to function with inter-action with other disciplines, but the overall control of medical education in the modern system of medicine should remain under the faculty of medicine. At this stage, mixing or combining of the syllabus curriculum of various system of medciine is not desirable and will add to confusion. The establishment of these universities

is a new development. Their functioning should be taken on experimental basis and he watched.

While the proposal to establish National Health and Medical Education Commission is welcome persed the role of the Commission should be confined to assess medical and paramedical need and manpower of the country on continuing basis and to provide funds for its development and requirements.

MCI is advised to in corporate knowledge about law in relation delivery of Health Care and practice and Medicine by including it in the curriculum at the undergraduate level.

Tne admission to the medical college by nolding examination of national level has created lot of confusion, delay and avoidable sufferings to the young students. The experiment of reservation percentage in every college on national basis is welcome, but in order to make it simple and effetive the pattern of IITs be emulated. The present exercise done by various authorities have not proved successful reservations in admission in postgraduate courses should not be on any other consideration other than merit and should be strealined in such a way that there is no loss of time to any aspiring candidates. Medical Education through out the country should be according to a uniform calender so that no time is lost when there is admission transfer from one college to another.

In the last it is suggested that Indian Medical Association should think seriously about going to courts under Public interest litigation of various problems of society, pertaining to health and of medical profession at large.